

ICMJE Form for Disclosure of Potential Conflicts of Interest

Instructions

The purpose of this form is to provide readers of your manuscript with information about your other interests that could influence how they receive and understand your work. The form is designed to be completed electronically and stored electronically. It contains programming that allows appropriate data display. Each author should submit a separate form and is responsible for the accuracy and completeness of the submitted information. The form is in six parts.

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4. Intellectual Property.

This section asks about patents and copyrights, whether pending, issued, licensed and/or receiving royalties.

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ICMJE Form for Disclosure of Potential Conflicts of Interest

Section 1. Identifying Information

1. Given Name (First Name) Jacquelyn	2. Surname (Last Name) Marsh	3. Date 20-January-2017
4. Are you the corresponding author?	<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	Corresponding Author's Name Rebecca Moyer
5. Manuscript Title The Value of Preoperative Exercise and Education for Patients Undergoing Total Hip and Knee Arthroplasty: A Systematic Review and Meta-Analysis		
6. Manuscript Identifying Number (if you know it)		

Section 2. The Work Under Consideration for Publication

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Are there any relevant conflicts of interest? Yes No

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Are there any relevant conflicts of interest? Yes No

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Section 6. Disclosure Statement

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Dr. Marsh has nothing to disclose.

Evaluation and Feedback

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ICMJJE Form for Disclosure of Potential Conflicts of Interest

Section 1. Identifying Information

1. Given Name (First Name)
Rebecca

2. Surname (Last Name)
Moyer

3. Date
20-January-2017

4. Are you the corresponding author? Yes No

5. Manuscript Title
The Value of Preoperative Exercise and Education for Patients Undergoing Total Hip and Knee Arthroplasty: A Systematic Review and Meta-Analysis

6. Manuscript Identifying Number (if you know it)

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Dr. Moyer has nothing to disclose.

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1. Given Name (First Name)
Kathy

2. Surname (Last Name)
Ikert

3. Date
20-January-2017

4. Are you the corresponding author?

Yes No

Corresponding Author's Name
Rebecca Moyer

5. Manuscript Title
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Kristin

2. Surname (Last Name)
Long

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20-January-2017

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Yes No

Corresponding Author's Name
Rebecca Moyer

5. Manuscript Title
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